ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.: FOR COURT USE ONLY
_	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
	CASE NUMBER:
APPLICATION FOR Stay Termination of Stay	
OF SERVICE OF WAGE ASSIGNMENT ORDER AND ORDER	
APPLICATION FO (NOTICE: If this application is made separately from a hearing on suppo	
notice.See below.)	,,,
,	
request the court to stay the service of the wage assignment in this case	
	the last 12 months, and I do not owe any back support (arrearage
 I have not been subject to a support order for the last 12 months clerk of the court in the amount of \$	s, but I have posted cash a cash bond with the is equal to three months' support, and I do not owe any
back support (arrearages).	is equal to timee months support, and i do not owe any
3. Service of the wage assignment would cause extraordinary hard	
(Note: You must prove these reasons at any hearing on this app	olication by clear and convincing evidence.)
4. I have a written agreement with the party receiving support that	
the agreement is attached. (Note: This agreement must be sign	ed by the district attorney if support is payable to a county
officer designated for that purpose.) My employer or the district attorney has been unable to deliver to	the support payments to the recipient for at least six months
because the recipient has not notified my employer or the district	• • • • •
oath by employer or district attorney.)	·
I declare under penalty of perjury under the laws of the State of Califor Date:	nia that the foregoing is true and correct.
Suite.	
	<u> </u>
(TYPE OR PRINT NAME)	(SIGNATURE OF APPLICANT)
NOTICE OF HEA	ARING
A hearing on this application will be held as follows:	
a. Date: Time: D	ept.: Room:
h. The address of the court.	
b. The address of the court is shown above is:	

(Continued on reverse)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
APPLICATION FOR TERMIN	NATION OF STAY
I request the court to terminate the stay of service of the wage assignment on (date): because (check one or more at the stay of service of the wage assignment on (date): The person required to make payments has missed at least one payment about missed payments is punishable as a contempt.)	t previously issued in this case applicable reasons): payment of support, which continues unpaid. (Note: A false the district attorney, and I wish the stay terminated. red. See reverse for notice of hearing.)
I declare under penalty of perjury under the laws of the State of Californ Date:	ia that the foregoing is true and correct.
(TYPE OR PRINT NAME)	(SIGNATURE OF APPLICANT)
PROOF OF SERVICE	BY MAIL
 I am over the age of 18 and not a party to this cause. I am a resident and my residence or business address is (specify): I served a copy of this Application re stay of service of wage assignmen postage fully prepaid and depositing it in the United States Postal Servia. Date of deposit: Blace of deposit (city, state): Addressed as follows: I declare under penalty of perjury under the laws of the State of Causes. 	nt order by enclosing it in a sealed envelope with first class ce as follows:
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
ORDER	
GOOD CAUSE APPEARING: 1. Service of the wage assignment issued in this action is stayed. 2. The stay of service granted above shall terminate without further 3. The previously ordered stay of service of the wage assignment mand the wage assignment previously issued in this case may be service.	nade on (date): is terminated,
Date: —	(JUDGE OF THE SUPERIOR COURT)